LICITECT LAMBO

Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: DATA TRANSMISSION

Attorney Docket Number:: 116-104US

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

IUUMISCH IPB601

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: THE NETHERLANDS

Status:: Full Capacity

Given Name:: PIETER

Middle Name:: CORNELIS

Family Name:: LUNENBURG

City of Residence:: WAIUKU

State or Province of

Residence::

Country of Residence:: NEW ZEALAND

Street of Mailing Address:: 5 BRIGHTS ROAD

City of Mailing Address:: WAIUKU

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: UNITED KINGDOM

Status:: Full Capacity

Given Name:: ROBERT

Middle Name:: CHARLES BRYAN

Family Name:: WOODHEAD

City of Residence:: COCKLE, HOWICK

State or Province of

Residence::

Country of Residence:: NEW ZEALAND

Street of Mailing Address:: 101 SANDSPIT ROAD

City of Mailing Address:: COCKLE BAY, HOWICK

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal	or	Zip	Code	of	Mailing	Address:	:
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Correspondence Information

Correspondence Customer

000466

Number::

Representative Information

Representative Customer	000466
Number::	,

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
NEW ZEALAND	509130	12/22/00	Yes

Assignment Information

Assignee Name::

Tru-Test Limited

Street of Mailing Address::

25 CARBINE ROAD

City of Mailing Address::

MT. WELLINGTON

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::